

**October 21, 2022**

**Texas DUR Board**  
**Proposed Retrospective-DUR Interventions**  
**Prepared by Amy Cully, PharmD**

# Agenda

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## **Recent Interventions**

- Migraine Disease Management

## **Recent Outcome Reports**

- Bipolar Disorder Management
- Diabetes Disease Management
- Influenza Prevention: Vaccination and Education (2021-2022)

## **Potential Retro DUR Interventions**

- Hypertension Disease Management
- Management of Psychotropic Drugs in Adults
- Naloxone in High-Risk Patients

# Recent RetroDUR Interventions

Intervention	Date Mailed	Provider Letters	Patients
Migraine Disease Management	6/30/2022	16	14

# Recent Outcome Reports

Intervention	Date Mailed	12-Month State Savings
Bipolar Disorder Management	11/23/2021	\$554,278.62
Diabetes Disease Management	10/14/2021	-\$153,762.27
Influenza Prevention: Vaccination and Education (2021-2022)	9/29/2021	-\$3,603.32

# Recent Outcome Reports:

## Bipolar Disorder Management

Clinical Indicators	Baseline	Jun-2022	% Change
Use of an antidepressant in the absence of a mood stabilizer/atypical antipsychotic	135	92	-31.9%
Use of multiple antipsychotics simultaneously as mood stabilizers	3	2	-33.3%
Use of a stimulant medication	26	17	-34.6%
Lithium monitoring: serum levels, renal function, and thyroid function	35	28	-20.0%
Atypical antipsychotic monitoring: blood glucose/hemoglobin A1C and lipid levels	237	151	-36.3%
Anticonvulsant monitoring: complete blood count, hepatic function, and renal function	44	32	-27.3%
Medication nonadherence with an atypical antipsychotic or mood stabilizer	65	49	-24.6%
<b>TOTAL</b>	<b>545</b>	<b>371</b>	<b>-31.9%</b>

# Recent Outcome Reports:

## Diabetes Disease Management

Clinical Indicators	Baseline	April 2022	% Change
Increased Risk of Adverse Events: Lack of Annual Dilated Eye Exams	2,701	2,016	-25.4%
Increased Risk of Adverse Events: Lack of Recommended Laboratory Monitoring	2,587	1,873	-27.6%
Increased Risk of Adverse Drug Events with Non-insulin Antidiabetics	79	52	-34.2%
Underutilization of Angiotensin- Modulating Agents in Patients with Diabetes, Hypertension and Kidney Disease	51	36	-29.4%
Underutilization of Statins in Patients with Diabetes	481	398	-17.3%
Underutilization of Antiplatelets in Patients with Diabetes	171	141	-17.5%
Underutilization of Metformin in Patients with Diabetes	217	167	-23.0%
Underutilization of Antidiabetic Medications with Cardiovascular Disease, Heart Failure, and/or Chronic Kidney Disease Benefit	138	98	-29.0%
Nonadherence with Non-insulin Antidiabetics, Antihypertensives, Antilipemics and/or Antiplatelets in Patients with Diabetes	372	302	-18.8%
Duplicate Therapy with Non-insulin Antidiabetics and/or GLP-1 Agonist/DPP-4 Inhibitor Combination	0	0	0.0%
<b>TOTAL</b>	<b>6,797</b>	<b>5,083</b>	<b>-25.2%</b>

# Recent Outcome Reports:

## Influenza Prevention: Vaccination and Education (2021-2022)

Clinical Indicators	Baseline	April 2022	% Change
Members with an influenza antiviral prescription from 9/1/2020– 3/31/2021, who did not receive an influenza vaccine	165	97	-41.2%
Members who received > 1 influenza antiviral prescription from 9/1/2020 – 3/31/2021	4	2	-50.0%
<b>TOTAL</b>	<b>169</b>	<b>99</b>	<b>-41.4%</b>

# Potential RetroDUR Intervention: Hypertension Disease Management

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## **Purpose:**

- To determine opportunities for improving the safety and efficacy of drug therapy for patients with hypertension, following the 2017 Hypertension Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults and the Clinical Practice Guideline for Screening and Management of High Blood Pressure in Children and Adolescents. Where evidence is in agreement with the previous guidance, the 2020 International Society of Hypertension Global Hypertension Practice Guidelines will also be utilized.

## **Why Issue was Selected:**

- According to the American Heart Association (AHA), almost 50% of adults in the United States, equating to over 121.5 million people, have high blood pressure or hypertension (HTN) and almost 40% are unaware of their condition.
- The World Health Organization estimates that 1.4 billion people worldwide have HTN, but only 14% are controlled despite the availability of cost-effective treatments.
- Data indicates an increased prevalence of high blood pressure in childhood and this correlates with higher blood pressure in adulthood and earlier onset of HTN.
- Hypertension is associated with significant morbidity and mortality if not detected early and treated appropriately.
- Globally, elevated blood pressure remains the leading cause of death and accounts for over 10 million deaths per year.



# Potential RetroDUR Intervention: Hypertension Disease Management

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## **Setting and Population:**

- All patients with a history of hypertension in the last 2 years will be included.

## **Type of Intervention:**

- Cover letter and modified patient profiles

## **Outcome Measures:**

- The performance indicators will be re-measured when six months of outcome data are available.

# Potential RetroDUR Intervention: Hypertension Disease Management

Performance Indicators	Exceptions	
	(<18 years) FFS	(<18 years) MCO
Underutilization of recommended first-line therapies: thiazide diuretic, calcium channel blocker (CCB), angiotensin converting enzyme inhibitor (ACEI), or angiotensin receptor blocker (ARB)	(2) 51	(782) 11,158
Underutilization of angiotensin-modulating agents (ACEIs or ARBs) with the presence of a compelling indication	(1) 138	(232) 17,198
Underutilization of beta-blockers with the presence of a compelling indication	(N/A) 31	(N/A) 2,450
Nonadherence with antihypertensive drug therapy	(5) 167	(782) 21,059
Discontinuation of antihypertensive drug therapy	(7) 292	(978) 16,249
Antihypertensive therapy drug - disease interactions	(0) 0	(14) 501
Antihypertensive drug therapy monitoring: renal function/electrolytes	(1) 217	(659) 9,094

# Potential RetroDUR Intervention: Management of Psychotropic Drugs in Adults

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## **Purpose:**

- To assist physicians in the evaluation of psychotropic drug therapy in adults to maximize therapeutic benefits while minimizing risks and adverse outcomes, avoiding unnecessary concomitant therapy, and providing cost-avoidance opportunities.

## **Why Issue was Selected:**

- Use of antidepressants and second-generation antipsychotics (SGA) at doses above recommended maximums are associated with adverse outcomes and associated costs.
- Individuals who receive multiple psychotropic medications are at an increased risk of drug-drug or drug-disease interactions, duplicate or unnecessary therapy, non-adherence, and hospitalizations. Moreover, the use of multiple SGAs has not been shown to improve efficacy or outcomes.
- The management of metabolic side effects of SGAs should include regular monitoring of BMI, blood pressure, blood glucose or hemoglobin A1c and lipid profiles.

# Potential RetroDUR Intervention: Management of Psychotropic Drugs in Adults

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## **Setting and Population:**

- All patients 18 years of age or older receiving targeted drug therapy in the past 60 days

## **Type of Intervention:**

- Cover letter with dosage chart and modified patient profiles

## **Outcome Measures:**

- The performance indicators will be re-measured when six months of outcome data are available.

# Potential RetroDUR Intervention: Management of Psychotropic Drugs in Adults

Performance Indicators	Exceptions	
	FFS	MCO
High Dose: Antidepressants	7	673
High Dose: Second Generation Antipsychotics (SGA)	6	558
Multiple (3 or more) Oral SGAs	0	102
Polypharmacy: $\geq$ 4 Psychotropic Medications	13	864
Monitoring of SGAs: Glucose and/or Hemoglobin A1c	241	46,572
Monitoring of SGAs: Lipids	228	35,068
Use of Oral Antipsychotic Concomitantly with Long-Acting Injectable greater than 90 days	5	1,682

# Potential RetroDUR Intervention: Naloxone in High-Risk Patients

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## **Purpose:**

- To identify opportunities to decrease adverse events and/or risk of death from opioid overdose.

## **Why Issue was Selected:**

- According to the Centers for Disease Control and Prevention (CDC), more than 930,000 people have died since 1999 from a drug overdose. Unfortunately, overdose deaths involving opioids have also increased more than eight times since 1999.
- The risk of overdose increases in people using opioids concurrently with benzodiazepines and other central nervous system depressants and in those taking opioids who have underlying medical conditions that make them more susceptible to respiratory depression (e.g., COPD, sleep apnea).
- Even in the absence of current opioid therapy, people with a history of overdose or substance use disorders (SUD) and those undergoing treatment for opioid use disorder (OUD) are at higher risk of overdose due to a history of misuse and high-risk behaviors.
- The CDC and the Food and Drug Administration (FDA) recommend considering prescribing naloxone to all patients at increased risk of opioid overdose.
- National data indicates that less than 1% of these high-risk patients receive a naloxone prescription and as such, this remains an often-missed area of opportunity to improve patient safety.

# Potential RetroDUR Intervention: Naloxone in High-Risk Patients

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## **Setting and Population:**

- All patients with targeted drug therapies or diagnosis codes in the past 730 days.

## **Type of Intervention:**

- Cover letter and modified patient profiles

## **Outcome Measures:**

- The performance indicators will be re-measured when six months of outcome data are available.

# Potential RetroDUR Intervention: Naloxone in High-Risk Patients

Performance Indicators	Exceptions	
	(<18 years) FFS	(<18 years) MCO
Opioid use in patients at high risk of respiratory depression/opioid overdose without naloxone	(0) 7	(130) 7,954
Opioid use in patients with a history of overdose without naloxone	(0) 0	(3) 66
History of medication-assisted treatment (MAT) without naloxone	(1) 9	(6) 2,646



